

Atty Docket No. 014801-001720US

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner Unassigned

Group Art Unit 2817

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I hereby certify that the following document(s) in re Application of Thomas Busch-Sorensen, et al., Application No. 10/659,804, filed September 11, 2003 for POWER OSCILLATOR FOR CONTROL OF WAVESHAPE AND AMPLITUDE is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form
2. Revocation of Power of Attorney and Appointment of New Power of Attorney
3. Statement Under 37 CFR 3.73(b)

Number of pages being transmitted, including this page: 4

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JULIE C. FREIBURGER

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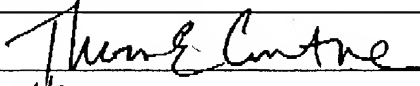
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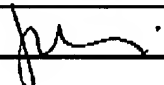
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| | | | |
|---|---|------------------------|------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/659,804 |
| | | Filing Date | September 11, 2003 |
| | | First Named Inventor | BUSCH-SORENSEN, Thomas |
| | | Art Unit | 2817 |
| | | Examiner Name | Unassigned |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 014801-001720US |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual | Townsend and Townsend and Crew LLP Thomas E. Coverstone Reg. No. 36,492 |
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| Date | April 16, 2004 |

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